

State of South Dakota **Statement of Financial Interest Elected Official**

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this TATE form.
1. Name Representative Mary Henski
2. Address 632 Thest 9th It Series Falls S.D. 57104-3606
3. Elected Office South Dakota House of Representatives
If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.
Date:

2. Address 632 West 9th St. 3. Elected Office South Dakota Hore	levin Falls S.D. 57104-3606 se of Representatives
If there is no change in your financial interest since the filing of sign and return.	
if there are changes, please complete the following:	
4. What is your occupation/profession?	
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.
6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each? Filed this Juffh day Chie Man
Otata of Carib Dalata	SECRETARY OF STATE
State of South Dakota) SS. County of)	Verification
I have reviewed paragraphs 1 through 6 of the Information Re Statement of Financial Interest and certify that the information my financial interests for the preceding calendar year.	
(Signed))

Sworn to before me this day of	(Signed), 19
(Seal)	

Revised 1997

Officer Administering Oath My commission expires: _

State of South Dakota Statement of Financial Interest Candidate for Public Office

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Please read information on reverse side before completion	ng this form.
1. Name Mary Houski	- OF STATE
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Address 632 West 7 ll St.	, Scoup talls S.D. 57104-360
. Office Sought State he presentation	æ Distrect 15
What is your occupation/profession? <u>Retired</u>	school quidance counselor
List any enterprise which accounted for more than ten	
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	SECRETARY OF STATE
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unty of Minnehala) SS.	Verification
we reviewed paragraphs 1 through 6 of the Information Rega	arding Statement of Financial Internet (attached), my
tement of Financial Interest and certify that the information re	
financial interests for the preceding calendar year.	
(Signed)	Mary Dlenski
1D+4 20 (2224
orn to before me this 18 day of 11/12 rds	-,2004°.
eal)	Judy free Deputy header
sed 1997	My commission expires: N/A
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